

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101590938

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		10				
12		10				
13		10				
14		10				
15		10				
16		10				
17		10				
18		10				
19		10				
20		10				
21		10				
22	1		1			
23	1		1			
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29	1		1			
30		1		1		
31		1		1		
32		1		1		
33		1		1		
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36	1			1		
37	1		1			
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39	1			1		
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48						
49						
50						
TOTAL IND.	12	↓	4	↓		↓
TOTAL DEP.	100	←	12	←		←
TOTAL CLAIMS	112		16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						